

Cumington Municipal Inspector of Wires

FIELD OR OFFICE INSPECTOR REPORT
UNIFORM INSPECTION FORM

BUILDING PERMIT # _____

WIRING PERMIT # _____

DATE: _____

TIME: _____

This form must be returned to the Wiring Inspector within 10 days.

INSPECTION SITE NAME _____

INSPECTION SITE ADDRESS _____

DESCRIPTION OF BLDG ____ RESIDENTIAL ____ COMMERCIAL ____ INDUSTRIAL

CONTRACTORS NAME _____

CONTRACTORS ADDRESS _____

MASTER # _____ JOURNEYMAN # _____

JOB SITE NUMBER JOURNEYMAN & HELPERS/APPRENTICES _____

JOURNEYMAN _____ HELPERS _____ APPRENTICES _____

JOB SITE FOREMAN – NAME _____

ADDRESS _____

MASTER # _____ EXPIRATION DATE _____

JOURNEYMAN # _____ EXPIRATION DATE _____

DOES WORK MEET THE MASSACHUSETTS ELECTRICAL CODE REQUIRMENTS?

YES ____ NO ____

VIOLOATIONS NOTED: 1. _____

2. _____

3. _____

4. _____

CODE REFERENCES: 1. _____

2. _____

3. _____

4. _____

LICENSEE SIGNATURE _____

INSPECTORS REMARKS

INSPECTORS SIGNATURE _____